Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO.
30-025-23372

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
VB-437

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name
KIMO SABE

1. Type of Well:
OIL WELL [ ] GAS WELL [ ] OTHER: Dry Hole

2. Name of Operator
Basin Operating Company

8. Well No.
1

3. Address of Operator
648 Petroleum Bldg., Roswell NM 88201

9. Pool name or Wildcat
East Crazy Horse - Delaware

4. Well Location
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line

Section 16 Township 19-S Range 33-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3648 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[X]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER:	[ ]		

12. Describe Proposed or Completed Operations (*Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work*) SEE RULE 1103.

9-23-97 SET CIBP @ 5900' - 25 SXS CEMENT ON TOP - 5660'
9-24-97 SPOT 25 SXS @ 5170' - 4930'
9-24-97 SPOT 25 SXS @ 3090' - 2850'
9-24-97 SPOT 25 SXS @ 1690' - 1450'
9-25-97 SPOT 100 SXS @ 440' - 279' TAGGED PULLED 380' OF 5 1/2" CASING
9-25-97 SPOT 20 SXS @ 30' - SURFACE

INSTALL DRY HOLE MARKER
CIRCULATE 10# MUD.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE John G. Worrall TITLE PRESIDENT DATE 11/4/97

TYPE OR PRINT NAME JOHN G. WORRALL TELEPHONE NO. 505 622-5893

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: